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Government Claims Program
For Office Use Only

NOV 20 2017

RECEIVED

Government Claims Program
Office of Risk and Insurance Management
Department of General Services
P.O. Box 989052, MS 414
West Sacramento, CA 95798-9052

1-800-955-0045 • www.dgs.ca.gov/orim/Programs/GovernmentClaims.aspx

Clear Form

Print Form

Is your claim complete?

- ☒ Include a check or money order for \$25 payable to the State of California. 17011584
- ☐ Complete all sections relating to this claim and sign the form. Please print or type all information.
- ☐ Attach copies of any documentation that supports your claim. Please do not submit originals.

Claimant Information Use name of business or entity if claimant is not an individual

1 Last name: OBENAVE First Name: Marya MI: R 2 Tel: [REDACTED]
3 Email: [REDACTED]
4 Mailing Address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

5 Inmate or patient number, if applicable:

6 Is the claimant under 18? NO If Yes, please give date of birth:

7

If you are an insurance company claiming subrogation, please provide your insured's name in section 7.

8

If your claim relates to another claim or claimant, please provide the claim number or claimant's name in section 8.

Attorney or Representative Information

9 Last name: First Name: MI: 10 Tel: 11 Email:
12 Mailing Address: City: State: Zip:

13 Relationship to claimant:

Claim Information Please add attachments as necessary

14 Is your claim for a stale-dated warrant (uncashed check)? ☐ Yes ☒ No If No, skip to Step 15.

State agency that issued the warrant:

Dollar amount of warrant:

Date of issue:

Warrant number:

MM/DD/YYYY

15 Date of Incident: July 29, 2017

Was the incident more than six months ago?

If YES, did you attach a separate sheet with an explanation for the late filing?

☐ Yes

☒ No

☐ Yes

☐ No

16 State agencies or employees against whom this claim is filed:

Dept of Forestry + Fire protection / cal FIRE

17 Dollar amount of claim: 2659.87

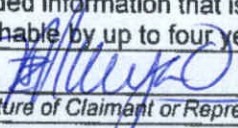
If the amount is more than \$10,000, indicate the type of civil case:

☒ Limited civil case (\$25,000 or less)

☐ Non-limited civil case (over \$25,000)

Explain how you calculated the amount:

my ins. company Ecompass
See attached

18	Location of the incident:	Fresno Ca - Riverpark Shopping		
19	Describe the specific damage or injury:	Fire retardant released		
20	Explain the circumstances that led to the damage or injury:	parked - plane flew over a dumped fire retardant		
21	Explain why you believe the state is responsible for the damage or injury:	fell out of the plane onto my car		
22	Does the claim involve a state vehicle?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
	If YES, provide the vehicle license number, if known:			
Auto Insurance Information				
23	Name of Insurance Carrier			
	Encompass			
	Mailing Address	City	State	Zip
	321 Fifth St	Hollister	Ca	95023
	Policy Number:	Tel:		
	282118650			
	Are you the registered owner of the vehicle?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
	If NO, state name of owner:			
	Has a claim been filed with your insurance carrier, or will it be filed?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
	Have you received any payment for this damage or injury?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
	If yes, what amount did you receive?	2,159.37		
	Amount of deductible, if any:	500 - need that to be sent to me still		
	Claimant's Drivers License Number:	Vehicle License Number:		
	V9004796	60FXT455		
	Make of Vehicle:	Model:	Year:	
	Ranger Rover	HSE	05	
	Vehicle ID Number:			
Notice and Signature				
24	I declare under penalty of perjury under the laws of the State of California that all the information I have provided is true and correct to the best of my information and belief. I further understand that if I have provided information that is false, intentionally incomplete, or misleading I may be charged with a felony punishable by up to four years in state prison and/or a fine of up to \$10,000 (Penal Code section 72).			
			Date: 11/15/17	
	Signature of Claimant or Representative		Printed Name	
	Mary Obenau			
25	Mail this form and all attachments with the \$25 filing fee or the "Filing Fee Waiver Request" to: Government Claims Program, P.O. Box 989052, MS 414, West Sacramento, CA 95798-9052. Forms can also be delivered to the Office of Risk and Insurance Management, 707 3rd street, 1st Floor ORIM, West Sacramento, CA 95605.			



DEPARTMENT OF FORESTRY AND FIRE PROTECTION

FRESNO-KINGS UNIT

210 South Academy Avenue
Sanger, California 93857
(559) 493-4300
Website: www.fire.ca.gov



July 30, 2017

Dear Resident,

On July 29th at about 5:25 p.m., a National Guard Air Tanker responding to a fire in the Tuolumne – Calaveras Unit of CAL FIRE, had a malfunction which caused fire retardant to be released over your neighborhood. We want to assure you that this was a malfunction of the retardant application system, not the aircraft, which landed safely back at the Fresno Yosemite International airport.

CAL FIRE, the United States Forest Service and the Air National Guard will have personnel in the area of the retardant release making contact with businesses and individuals who may have been effected. The material is composed mostly of water, colorant, thickener and fertilizer, so it causes no immediate health hazards. It can stain surfaces if left on for extended periods of time.

We have attached some documentation that explains the product, basic cleaning instructions and what to do if you have damage from it.

Should you have any questions or issues regarding this incident, you can call your local CAL FIRE Unit at 559-493-4300 during normal business hours.

We apologize for any inconvenience this may have caused. As our customers, your trust is important to us, so we want to ensure we are here for you to answer any questions.

Sincerely,

Mark A. Johnson
Fresno – Kings Unit Chief

enclosures

Date: 10/ 2/2017 02:43 PM
Estimate ID: Z9147813 AJ-011
Estimate Version: 0
Preliminary
Profile ID: * Wardlaw

Encompass Suppl Hotline: 916-858-2100
Email: ranchodispatch2@encompassins.com

Appraised for: Encompass Insurance

Wardlaw Claims Service

2725 Texas Central Parkway, Waco, TX 76712
(877) 943-8482

Damage Assessed By: Martin Perez
Classification: None

Condition Code: Good
Deductible: 500.00
Policy No: US 282118650

Type of Loss: Other

Claim Number: Z9147813 AJ-011

Insured: Mayra Obenhauf
Owner: Mayra Obenhauf
Address: [REDACTED]
Telephone: Home Phone: (559) 905-1304

Mitchell Service: 911755

Description: 2008 Land Rover RangeRover HSE

Body Style: 4D Ut

VIN: SALME15448A291721

Mileage: 100,481

OEM/ALT: A

Color: Blk

Options:

Drive Train: 4.4L Inj 8 Cyl AWD

License: 6FXT855 CA

Search Code: None

CD CHANGER, PASSENGER AIRBAG, HEATED SEAT, POWER DRIVER SEAT, POWER LOCK
POWER WINDOW, POWER STEERING, REAR WINDOW DEFOGGER, AIR CONDITION
REAR WINDOW WIPER, CRUISE CONTROL, TILT STEERING COLUMN, AM/FM STEREO
DRIVER AIRBAG, HEATED EXTERIOR MIRROR, REAR (DUAL-ZONE) AC, LEATHER SEAT
POWER PASSENGER SEAT, FRONT SIDE AIRBAG WITH HEAD PROTECTION
PREMIUM SOUND SYSTEM, ANTI-LOCK BRAKE SYS., TRACTION CONTROL, FOG LIGHTS
ALUM/ALLOY WHEELS, REARVIEW CAMERA, TIRE INFLATION/PRESSURE MONITOR, MEMORY SEAT
ANTI-THEFT SYSTEM, NAVIGATION SYSTEM, AUXILIARY INPUT
BLUETOOTH WIRELESS CONNECTIVITY, HIGH INTENSITY DISCHARGE HEADLIGHTS
LEATHER STEERING WHEEL, SATELLITE RADIO, CD PLAYER, TOW HITCH RECEIVER
POWER ADJUSTABLE EXTERIOR MIRROR, SUNROOF/MOONROOF, CASSETTE PLAYER
PRIVACY GLASS, GENUINE WOOD TRIM, AUTO AIR CONDITION, TRIP COMPUTER
FIRST ROW BUCKET SEAT, UNIVERSAL GARAGE DOOR OPENER
REAR HEATING, VENTILATION & AIR CONDITIONING, 4 WHEEL DRIVE
AUTOMATIC HEADLIGHTS, SECOND ROW SIDE AIRBAG WITH HEAD PROTECTION
INTERIOR AUTOMATIC DAY/NIGHT OR ELECTROCHROMATIC MIRROR, AIR SUSPENSION
DRIVER SEAT WITH POWER LUMBAR SUPPORT, ELECTRONIC PARKING AID
ELECTRONIC STABILITY CONTROL, EXTERIOR MEMORY MIRRORS, FRONT HEATED SEATS
FRONT SEATS WITH POWER LUMBAR SUPPORT, KEYLESS ENTRY SYSTEM
POWER FOLDING EXTERIOR MIRRORS, RAIN SENSING WIPERS, REAR BENCH SEAT
STEERING WHEEL AUDIO CONTROLS

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
<u>Windshield</u>							
1	104179	BDY	REPAIR	R W/Shield Moulding	Existing		0.5*
2		REF	REFINISH/REPAIR	R W/Shield Moulding			0.5*
3	104180	BDY	REPAIR	L W/Shield Moulding	Existing		0.5*
4		REF	REFINISH/REPAIR	L W/Shield Moulding			0.5*
<u>Front Door</u>							
5	104545	BDY	REPAIR	R Frt Up'r Door Mirror Cover	Existing		0.5*
6		REF	REFINISH	R Frt Up'r Mirror Cover		C	0.5
7	104546	BDY	REPAIR	L Frt Up'r Door Mirror Cover	Existing		0.5*
8		REF	REFINISH	L Frt Up'r Mirror Cover		C	0.5

ESTIMATE RECALL NUMBER: 10/02/2017 14:43:51 Z9147813 AJ-011

Mitchell Data Version: OEM: SEP_17_V

Software Version: MAPP: SEP_17_V 7.1.223

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Date: 10/ 2/2017 02:43 PM
Estimate ID: Z9147813 AJ-011
Estimate Version: 0
Preliminary
Profile ID: * Wardlaw

III. Additional Costs	Amount	IV. Adjustments	Amount
Taxable Costs	188.60	Insurance Deductible	500.00-
Sales Tax @ 8.000%	15.09	Customer Responsibility	500.00-
Total Additional Costs	203.69		

Paint Material Method: Rates
Init Rate = 34.00 , Init Max Hours = 99.9, Addl Rate = 0.00

I.	Total Labor:	1,339.20
II.	Total Replacement Parts:	1,116.98
III.	Total Additional Costs:	203.69
	Gross Total:	2,659.87
IV.	Total Adjustments:	500.00-
	Net Total:	2,159.87

This is a preliminary estimate.
Additional changes to the estimate may be required for the actual repair.

Point(s) of Impact

16 Non-Collision (S)

Insurance Co: Encompass Insurance

Inspection Site: Shop

Body Shop: Diamond Autobody
Address: 427 W. Bedford Ave
Suite 101
Fresno, CA 93711
Telephone: (559) 439-3868

This estimate may list parts for use in the repair of your vehicle that are manufactured by a company other than the original manufacturer of your vehicle. These parts are commonly referred to as aftermarket parts or competitive parts, and would be designated on this estimate as "QUAL REPL PARTS", "A/M" or "COMP REPL PARTS". Such parts may include cosmetic outer body crash parts such as hoods, fenders, bumper covers, etc. Encompass guarantees the fit and corrosion resistance of any aftermarket/competitive outer body crash parts that are listed on this estimate and actually used in the repair of your vehicle for as long as you own it. If a problem develops with the fit or corrosion resistance of these parts, they will be repaired or replaced at Encompasses expense. This guarantee is limited to the repair or replacement of the part.

However, if you choose not to use one or more of the aftermarket/competitive outer body crash parts that may be listed on this estimate in the repair of your vehicle, Encompass will specify the use of original equipment manufacturer parts, either new or recycled at Encompasses option, at no additional cost to you. Encompass does not separately guarantee the performance of original equipment manufacturer parts, and makes no representation about the availability of any manufacturer's guarantee.

NOTE: YOU HAVE THE RIGHT TO SELECT THE BODY SHOP THAT WILL REPAIR YOUR VEHICLE. CALIFORNIA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT

ESTIMATE RECALL NUMBER: 10/02/2017 14:43:51 Z9147813 AJ-011

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 Profile ID: * Wardlaw

9	104549	BDY	REPAIR	R Frt Lwr Door Mirror Cover	Existing		0.5*
10		REF	REFINISH	R Frt Lwr Mirror Cover		C	0.3
11	104550	BDY	REPAIR	L Frt Lwr Door Mirror Cover	Existing		0.5*
12		REF	REFINISH	L Frt Lwr Mirror Cover		C	0.3
13	104515	BDY	REMOVE/REPLACE	R Frt Otr Door Belt Moulding	CGE500700	78.96	0.3 #
14		BDY	REMOVE/INSTALL	R Frt Rear View Mirror			0.8 #
15	104516	BDY	REMOVE/REPLACE	L Frt Otr Door Belt Moulding	CGE500710	78.96	0.3 #
16		BDY	REMOVE/INSTALL	L Frt Rear View Mirror			0.8 #
17	104517	BDY	REMOVE/REPLACE	R Frt Door Sash	DDC000121PMD	52.40	0.3
18	104518	BDY	REMOVE/REPLACE	L Frt Door Sash	DDC000131PMD	52.40	0.3
19	100201	BDY	REMOVE/INSTALL	R Frt Otr Door Handle			0.3 #
20	100202	BDY	REMOVE/INSTALL	L Frt Otr Door Handle			0.3 #
<u>Rear Door</u>							
21	102701	BDY	REMOVE/REPLACE	R Rear Door Front Sash	DDE000121PMD	58.01	0.2
22	102702	BDY	REMOVE/REPLACE	L Rear Door Front Sash	DDE000131PMD	58.01	0.2
23	102703	BDY	REMOVE/REPLACE	R Rear Ctr Door Sash	DDE000160PMD	43.30	0.2
24	102704	BDY	REMOVE/REPLACE	L Rear Ctr Door Sash	DDE000170PMD	46.16	0.2
25	100671	BDY	REMOVE/REPLACE	R Rear Door Rear Sash	DDE000140PMD	43.30	0.2
26	100672	BDY	REMOVE/REPLACE	L Rear Door Rear Sash	DDE000150PMD	43.30	0.2
27	102387	BDY	REMOVE/REPLACE	R Rear Upr Door Moulding	LR024147	80.29	0.2
28	102388	BDY	REMOVE/REPLACE	L Rear Upr Door Moulding	LR024148	120.27	0.2
29	102074	BDY	REMOVE/INSTALL	R Rear Otr Door Handle			0.7 #
30	102075	BDY	REMOVE/INSTALL	L Rear Otr Door Handle			0.7 #
<u>Roof</u>							
31	100414	BDY	REMOVE/REPLACE	R Roof Moulding	DBC000022LML	139.44	0.4
32		REF	REFINISH	R Roof Moulding			0.5
33	100415	BDY	REMOVE/REPLACE	L Roof Moulding	DBC000032LML	139.44	0.4
34		REF	REFINISH	L Roof Moulding			0.5
<u>Side Body</u>							
35	104692	BDY	REPAIR	R Rear Quarter Sash Assembly	Existing		0.5*
36		REF	REFINISH/REPAIR	R Rear Quarter Sash Assembly			0.5*
37	104693	BDY	REPAIR	L Rear Quarter Sash Assembly	Existing		0.5*
38		REF	REFINISH/REPAIR	L Rear Quarter Sash Assembly			0.5*
<u>Additional Costs & Materials</u>							
39	936012		ADD'L COST	Hazardous Waste Disposal		5.00	*
<u>Additional Operations</u>							
40		REF	ADD'L OPR	Clear Coat			0.3
41	933003	REF	ADD'L OPR	Tint Color			0.5*
42	933017	REF	ADD'L OPR	Finish Sand And Buff			5.0*
43				Chemical Removal from Paint			
<u>Additional Costs & Materials</u>							
44			ADD'L COST	Paint/Materials		183.60	*

* - Judgment Item
 # - Labor Note Applies
 C - Included in Clear Coat Calc

Estimate Totals

I. Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	II. Part Replacement Summary	Amount
Body	11.2	62.00	0.00	0.00	694.40 T	Taxable Parts	1,034.24
Refinish	10.4	62.00	0.00	0.00	644.80 T	Sales Tax @ 8.000%	82.74
					Taxable Labor		
					1,339.20	Total Replacement Parts Amount	1,116.98
Labor Summary	21.6				1,339.20		

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FINANCIAL & INSURANCE SERVICES

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